FORM HHS-355A, EMPLOYMENT AGREEMENT FOR TRANSFERS AND APPOINTMENTS OVERSEAS

DEPARTMENT OF HEALTH AND HUMAN SERVICES EMPLOYMENT AGREEMENT FOR TRANSFERS AND APPOINTMENTS OVERSEAS*

(Authority: Title 5, United States Code 5722, 5724(d), and 5728)

Employment appointed or transferred to overseas positions may be authorized payment of travel expenses for themselves and transportation of their immediate families and their household goods and personal effects from the place of actual residence at times of appointment or transfer to the place of employment outside the 48 States and the District of Columbia. (See HHS Personnel Manual Instruction 301.1) In addition, employees may be authorized round trip travel for leave for themselves and transportation of their immediate families, but not shipment of their household effects, from a post of duty outside the 48 States and the District of Columbia, to the place of actual residence at time of appointment or transfer to the post of duty. These expenses may be authorized, however, only after the appointee, or transferee, has signed an agreement as set forth below:

(1) <u>Tyr</u>	oe of Agreement:		
	(a) appointment or	transfer to permanent duty station outside the 48 States and the District of Columbia.	
	(b) renewal agreement incident	to round trip travel for purpose of taking leave between consecutive tours of duty.	
	(c) appointment of U.S. citizen	recruited overseas who is eligible for return transportation to place of residence upon	
	separation.		
(2) Nan	ne (last, first, middle initial)	(3) Place of Actual Residence at time of Appointment or Transfer (City and State)	
(4) I he	reby understand and agree that:		
(a)	I will remain in the Government serv overseas permanent duty station, s reasons beyond my control and acc		
(b)		12 months of my agreed period of service, I will reimburse the Department for all on furnished under this agreement unless the Department finds that such separa-acceptable to it.	
(c)	(c) I will not be eligible for return travel and transportation at Government expense for myself, my dependents, and household effects, to my place of actual residence stated above for purpose of separation unless I have completed the prescribed period of service in this agreement, or have been separated for reasons beyond my control and acceptable to the Department.		
(5) Signature of Employee		Date Signed	
(6) Date	e reported for Duty:		
/This	s data must he recorded on the official	personnel folder file copy by the personnel office.)	
	ribution of Copies:	1 original – Office Personnel Folder 1 copy – Employee	
Form HI	HS 355A (Rev. 2/83)	*Includes appointments and transfers to Alaska and Hawaii	

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(For more detailed information, see HHS Travel Manual) TRANSFERS AND APPOINTMENTS OVERSEEAS* **DIGEST OF TRAVEL ALLOWANCES FOR**

RETURN TO PLACE OF RESIDENCE FOR	SEPARATION	Y 682 Y 683 Y 683 N N N N N N N N N N N N N N N N N N N
RETURN TO PLACE RESIDENCE FOR	LEAVE	X X X X X X X X X X X X X X X X X X X
TRANSFER	BETWEEN OVERSEAS OFFICIAL STATIONS	Yes Yes Yes No° No° Yes Yes
TRAN	FROM CONTINENTAL U.S. TO OVERSEAS OFFICIAL STATION	Y es Y Kes Y
NEW APPOINTMENT TO	OVERSEAS OFFICIAL STATION	Yes, Yes Yes No No No Yes
	ALLOWANCES AND REQUIREMENTS	Employment Agreement. Travel of Employee and Dependents. Per Diem for Employee. Per Diem for Dependents. House-hunting Travel. Temporary Quarters Allowance. Miscellaneous Expense Allowance. Residence Transactions Expenses. Shipment and Temporary Storage of Household Effects.

¹ Employee must sign agreement before the Department may pay expenses. ² Subject to compliance with agreement.

³ Except, continuation of non-temporary storage may be authorized for duration of new tour duty. Non-temporary storage is arranged by the Government.

Subject to signing renewal agreement.

⁵ Except, when the overseas area is a U.S. Territory or possession. ⁶ Except, between U.S. Territories or possessions.

*For similar list of allowances governing return travel and transportation involving a transfer from overseas official stations to the Continental United States, see Form HHS-355.